e q ı Sollov	u i u wu	e c		of \$50.00 after 1				Cit	ty of F	Rocl	Ś		In	spe	ecti	tion Report	ing			
Date: Time in: Time out: License/Per 08/20/2021 1:27 2:18 Food						ermit # 6679						Est. Type Risk Category Page <u>1</u> of	2							
	Purpose of Inspection: 1-Routine 2-Follow Up 3-Compla Establishment Name: Contact/Owner N								t 4-Investigation			tior	1	5-CO/Construction 6-Other TOTAL/SCO	ORE					
				entary				RISD	/Owner N	ame:						× Number of Repeat Violations: ✓ Number of Violations COS: se trap : Follow-up: Yes ↓ 0/100	//			
	Physical Address: Pest control : Limestone School								Hood Grease tr June 2021 Summer											
Mark				Status: Out = points in the OU	= not in con	mplianc	$e^{IN = in c}$	compliance	NO Mark a	$\mathbf{O} = \text{not}$						pplicable $COS = corrected on site R = repeat violation W-Wa O, NA, COS Mark an in appropriate box for R$	ıtch			
				points in the OC							re In	nmed	iate	Cor	rect	wark an warpropriate box for R				
0 I U N	N	$\mathbf{D} \begin{bmatrix} \mathbf{A} \end{bmatrix} \mathbf{O} \begin{bmatrix} \mathbf{C} \end{bmatrix}$						R	0 U	I N	iance N O	e Status N C A O		Employee Health						
Т	V	•	S	(F = degrees Fahrenheit) 1. Proper cooling time and temperature Batch cooking / no left overs						Т	~			S	12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	T				
w				2. Proper Cold Holding temperature(41°F/ 45°F) Watch cold pass / logs look good							~				13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
~	/			3. Proper Hot Holding temperature(135°F)											RISD policy Preventing Contamination by Hands					
~	Logs 4. Proper cooking time and temperature										14. Hands cleaned and properly washed/ Gloves used properly	+								
-				5. Proper rehe	eating proc	cedure f	for hot hol	lding (165	°F in 2			15. No bare hand contact with ready to eat foods or					+			
			,	Hours) 6. Time as a F	Public Hea	alth Cor	trol; proc	edures &	records				alternate method properly followed (APPROVED Y. N.) Gloves Highly Susceptible Populations							
			<u> </u>	Hsp group	Ap	proved	Source					~				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required				
				Approved Source 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Labatt								-	Using bagged eye Chemicals							
_	/			8. Food Received at proper temperature											_	17. Food additives; approved and properly stored; Washing Fruits & Vegetables				
	Recorded on log													Water 18. Toxic substances properly identified, stored and used	_					
	Protection from Contamination 9. Food Separated & protected, prevented during food																			
V		preparation, storage, display, and tasting No raw					and and							Water/ Plumbing 19. Water from approved source; Plumbing installed; proper						
V	1			Sanitized at_	100	ppm/te	mperature	Vis	ual			~				backflow device City approved				
	V	•		11. Proper disposition of returned, previously served or reconditioned No returned								~				20. Approved Sewage/Wastewater Disposal System, proper disposal				
0 I	N		С		Pri	ority]	Foundat	tion Iten	ns (2 Poi	ints) v R	iolat 0	Ι	Ν	Ν	Cor	prrective Action within 10 days	R			
U N T	I C	A	O S		onstration		U				U T	N	0	A	O S	Food Temperature Control/ Identification				
V	21. Person in charge present, d and perform duties/ Certified H 2			fied Food Manager (CFM)									27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature No left overs							
V	22. Food Handler/ no unauthorized persons/ personnel 3				nnel			~				28. Proper Date Marking and disposition Good								
	Safe Water, Recordkeeping and Food Package Labeling							W					29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Thermos / quats strips / waiting on temp labels	s						
V				23. Hot and C Watch												Permit Requirement, Prerequisite for Operation				
V				24. Required destruction); I	Packaged			k tags; pa	rasite			<				30. Food Establishment Permit (Current/ insp sign posted) Posted				
				Confo 25. Complian HACCP plan processing me	, Variance	ariance obtain	, Specializ	ed Proces				~				Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly supplied, used				
					Cons	sumer .	Advisory					~				32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used Watch				
V	•			26. Posting of foods (Disclo Attached to	sure/Remi	inder/B						~				33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided Will check with labels				
6	-		·				lations R	Require C	orrective							ays or Next Inspection , Whichever Comes First				
O I U N T			C O S		evention o					R	O U T	I N	N O	N A	C O S	Food Identification	R			
V	1			34. No Evider animals				·		Ш			~			41.Original container labeling (Bulk Food)				
V	1		35. Personal Cleanliness/eating, drinking or tobacco use LOW AWAY 36. Wiping Cloths; properly used and stored		o use							Physical Facilities								
V				In bucke	ts			ored				~				42. Non-Food Contact surfaces clean				
W				37. Environm	sation	- WC	ork ord	der				~				43. Adequate ventilation and lighting; designated areas used				
V	1			38. Approved Pull thaw	thawing r ing	method						~				44. Garbage and Refuse properly disposed; facilities maintained				
				20.11: 1	-		of Utensil		40.0.5			~				45. Physical facilities installed, maintained, and clean Watch Maint	_			
V				39. Utensils, e dried, & hand Watch	led/ In us	se utens	ils; proper	rly used				~				46. Toilet Facilities; properly constructed, supplied, and clean Equipped				
V				40. Single-ser and used	vice & sir	ngle-use	e articles;	properly s	tored				~			47. Other Violations				
			i	i						<u> </u>	1	1				L				

Retail Food Establishment Inspection Report

City of Rockwall

(signature) Gwen Humphries	Print:	Title: Person In Charge/ Owner Manager
Inspected by: (signature) Kelly kirkpatrick RS	Print:	Business Email:

Form EH-06 (Revised 09-2015)

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	nent Name: g elementary	Physical A		City/State: Rockwal	I	License/Permit # Food 6679	Page 2	ge <u>2</u> of <u>2</u>				
			TEMPERATURE OBSERVA			a na at						
Item/Loc Servin		<u>Temp F</u>	Item/Location	<u>Temp F</u>	Item/Locat	<u>lon</u>		<u>Temp F</u>				
Gervin			Wic	37/38								
	Hot pass	181	Butter	39								
	Sandwich	161	Milk	39								
	Cold pass	45	Tomatoes	39								
Just	went into defrost		Cucumber	39								
V	Vill monitor		Wif	-11								
D	eep freezer	-12										
1	Milk cooler	27										
OBSERVATIONS AND CORRECTIVE ACTIONS												
Number	Item AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NUMBER NOTED BELOW: temps in F											
	Hot water 108 at hand sink / 135 at three Comp and up - watch for scalding											
	Dry storage looks good											
w	Dishmachine external reading											
vv	Small amount of condensation on boxes under pipe from fan box food inside in bags protected Work order submitted											
W		arriving /	it then went into defrost mode	- manager	will monito	or as temp this morn	ing as i	n 30's				
W	-		ine indicates it is within ra				-					
	To monitor until receive			0	•	,	,					
	Cleaning inside Ice machine - during school breaks											
	-						0					
Received (signature)	See abov	'e	Print:			Title: Person In Charge/	Owner					
Inspected (signature)	See abov ^{Thy:} Kelly kirkpa	- 1	Print:									
	Ketty kirkpa	urick	(KS			Samples: Y N #	collected					